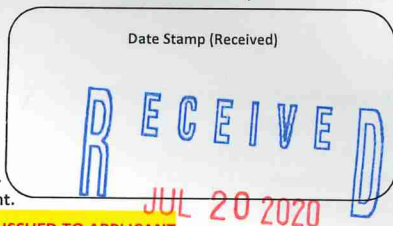


SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0282
Date:	10-6-20
Amount Paid:	\$75 5-29-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input checked="" type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER															
Owner's Name: James McKim		Mailing Address: 4025 Bronson Blvd		City/State/Zip: Kalamazoo, MI 49008		Telephone:									
Address of Property: 3815 Twin Bay Rd		City/State/Zip: Barnes WI		54873		Cell Phone: 269-823-8038									
Contractor: Justin Christenson Construction LLC		Contractor Phone:		Plumber:		Plumber Phone:									
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 1990		Recorded Document: (Showing Ownership) 1136-487 2014R-557207									
NE 1/4, NE 1/4		Gov't Lot 3		Lot(s) 3		CSM Vol & Page 1136, 487		CSM Doc #		Lot(s) No.		Block(s) No.		Subdivision:	
Section 16, Township 44 N, Range 09 W		Town of: Barnes		Lot Size		Acreage 2.0									

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 208' feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 21,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Floating Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> none
	<input type="checkbox"/> Relocate (existing bldg)		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Year Round		<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>				<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: 26'	Width: 24'	Height: 8'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) Garage, storage	(26 X 24)	624
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: _____

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 9/25/20

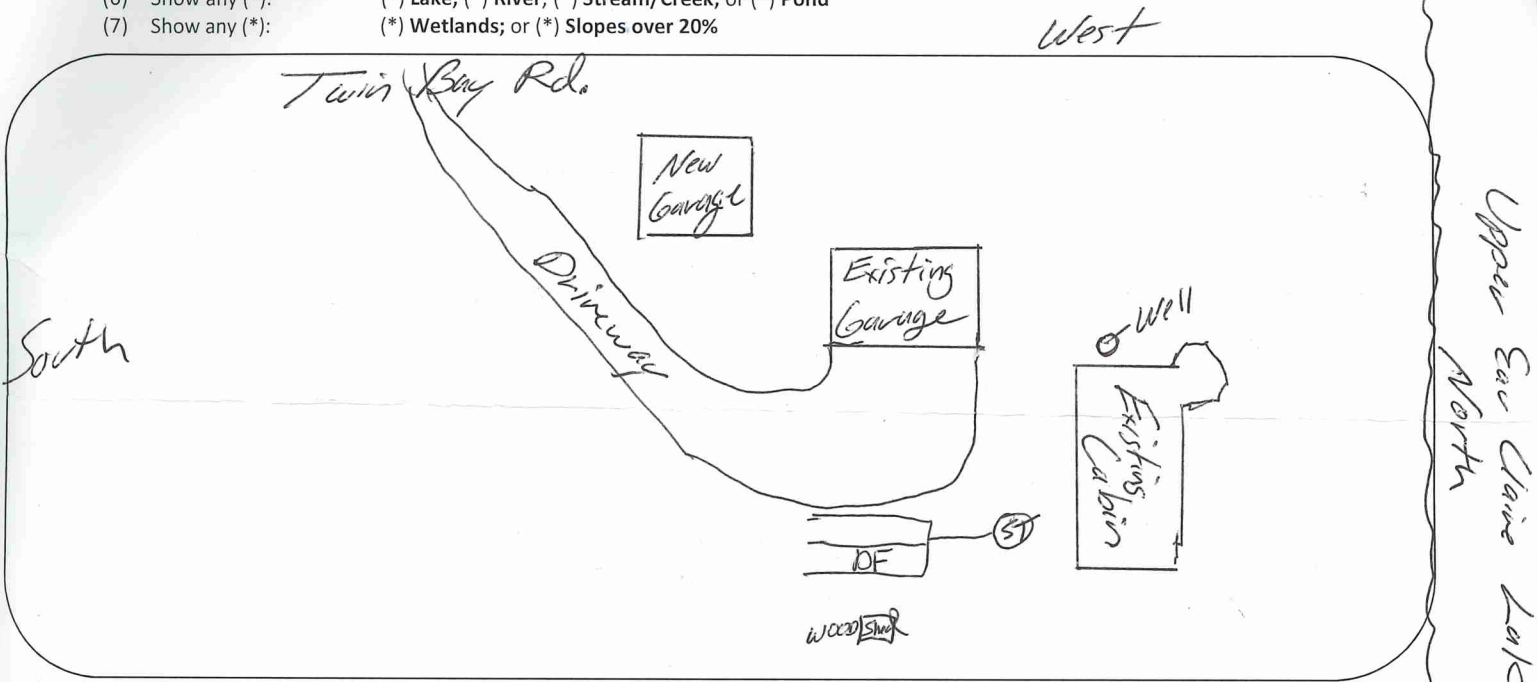
Address to send permit 52450 Lake Rd Barnes, WI 54873

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink - **NO PENCIL**

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	105 Feet	Setback from the Lake (ordinary high-water mark)	208 Feet
Setback from the Established Right-of-Way	90' Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	208 Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	156 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	88 Feet	Setback to Well	104 Feet
Setback to Drain Field	80 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 20-0282		Permit Date: 10-6-20		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA		
Was Parcel Legally Created		Were Property Lines Represented by Owner		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated		Was Property Surveyed		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: Well Staked, P/H Identified. Project location appears Code Compliant. OK to Issue LU Permit.		Zoning District () Lakes Classification ()		
Date of Inspection: 8/12/20		Inspected by: Robert Scherman		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)		Date of Re-Inspection:		
Not to be used for human habitation or sleeping purposes. No H ₂ O under pressure in structure unless structure is served by a Code Compliant POWTS				
Signature of Inspector: [Signature]		Date of Approval: 8/12/20		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL – **X (9/17/2020)**
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0282** Issued To: **James McKim**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **16** Township **44** N. Range **9** W. Town of **Barnes**

Par in
Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1-story: Garage (26' x 24') = 624 sq. ft.]**

(Disclaimer): The Planning and Zoning Department **does not** authorize the beginning of any construction or land use; **you must first obtain land use application(s)/permit card(s)** from the Planning and Zoning Department. **You (the property owner) shall fulfill** the conditions placed by the Board of Adjustment; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): **Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS.**

NOTE: Conditional Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Conditional Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

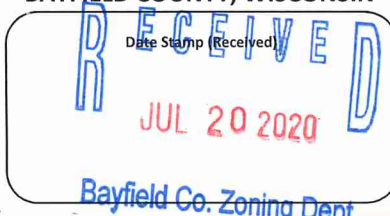
October 6, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0881
Date:	10-26-20
Amount Paid:	online payment \$280 5-29-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: James McKim		Mailing Address: 4025 Barnes Rd, Kalamazoo, MI 49008		City/State/Zip: Kalamazoo, MI 49008		Telephone: 823-8238			
Address of Property: 3815 Twin Bay Rd		City/State/Zip: Colon Springs, WI 49008		Cell Phone: 823-8238		Plumber Phone: 715-209-0161			
Contractor: Justin Christenson Const.		Contractor Phone: 715-580-0367		Plumber: Greg Brown		Written Authorization Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):					
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 1990		Recorded Document: (Showing Ownership) 1136 487			
NW 1/4, NE 1/4		Gov't Lot 3		Lot(s) CSM		Vol & Page CSM Doc #		Lot(s) # Block #	
Section 16, Township 44 N, Range 09 W		Town of: Barnes		Lot Size 147,800 S.F.		Acreage 2.39			

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 170' feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 55,000.00	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: Gravity	<input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property			<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			Use <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Seasonal		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

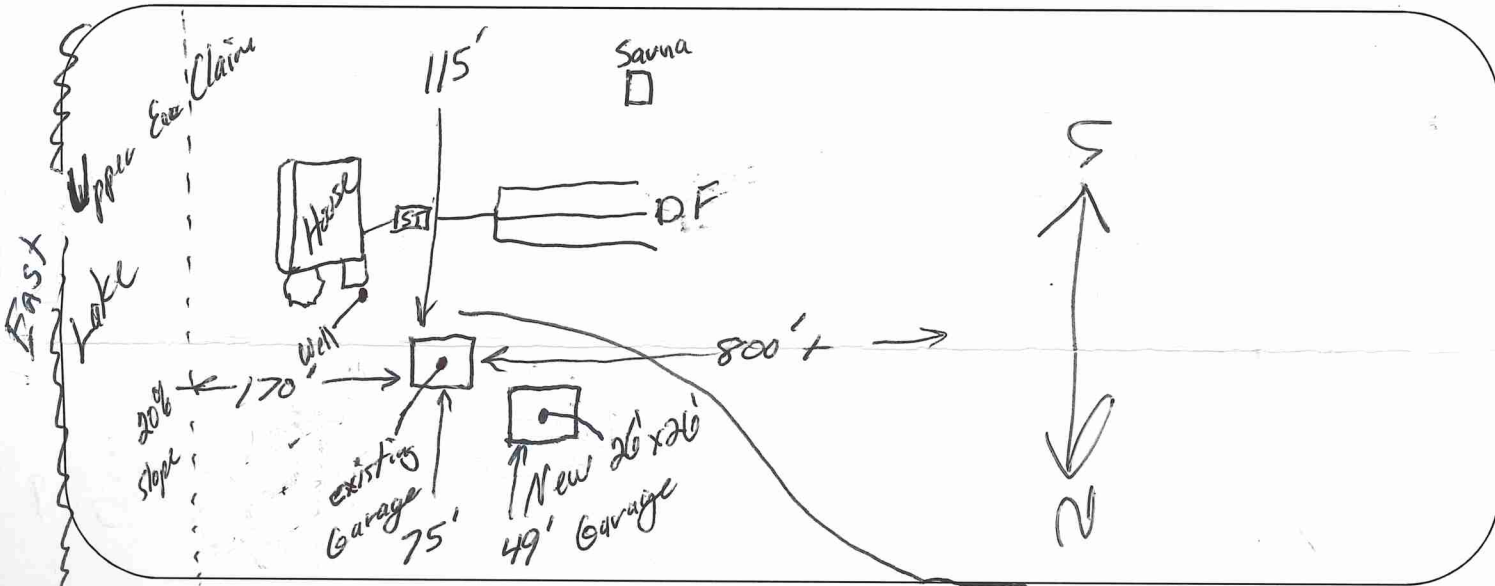
Existing Structure: (if addition, alteration or business is being applied for)	Length: 32'	Width: 26'	Height: 8'
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use		Bunkhouse w/ () sanitary, or sleeping quarters, or <input checked="" type="checkbox"/> cooking & food prep facilities	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	

the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Twin Bay Rd.

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the Lake (ordinary high-water mark)	170 Feet
Setback from the Established Right-of-Way	97 Feet	Setback from the River, Stream, Creek	— Feet
		Setback from the Bank or Bluff	— Feet
Setback from the E Lot Line	170 Feet	Setback from Wetland	— Feet
Setback from the W Lot Line	800 + Feet	20% Slope Area on the property	X Yes <input type="checkbox"/> No
Setback from the N Lot Line	75 Feet	Elevation of Floodplain	— Feet
Setback from the S Lot Line	115 Feet		
Setback to Septic Tank or Holding Tank	68 Feet	Setback to Well	63 Feet
Setback to Drain Field	62 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: <i>New</i>	# of bedrooms: <i>3</i>	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <i>20-0281</i>		Permit Date: <i>10-6-20</i>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input type="checkbox"/> No Case #:		
Was Parcel Legally Created		Were Property Lines Represented by Owner		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		Was Property Surveyed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Map of Survey</i>		
Inspection Record: <i>Large lot well stated. Natural shoreline lots of native vegetation.</i>		Zoning District (<i>R1</i>)		
Date of Inspection: <i>8/12/2020</i>		Lakes Classification (<i>1</i>)		
Inspected by: <i>Robert Schirman</i>		Date of Re-Inspection:		
Condition(s): <i>Town, Committee or Board Conditions Attached?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
<i>Per Conditions of Zoning Committee approval - Must Contact local Uniform Dwelling Code (UDC) Inspection Agency and Secure UDC Permit for Conversion.</i>				
Signature of Inspector:				Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **Required**
SANITARY – **Required** (if applicable w/land use)
SIGN –
SPECIAL –
CONDITIONAL – **X (9/17/2020)**
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0281** Issued To: **James McKim**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **16** Township **44** N. Range **9** W. Town of **Barnes**

Par in

Gov't Lot **6** Lot Block Subdivision CSM#

For: Existing Residence and Existing Garage (26' x 32' at a height of 8') will be converted into a 2nd Residence with 3 Bedrooms / 1 Bath / Kitchenette

(Disclaimer): The Planning and Zoning Department **does not** authorize the beginning of any construction or land use; **you must first obtain land use application(s)/permit card(s)** from the Planning and Zoning Department. **You (the property owner) shall fulfill** the conditions placed by the Board of Adjustment; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): **1. There will be No Short-Term Rental(s) Allowed 2. Must contact local uniform dwelling code inspection agency and secure UDC permit if required by Statute or contract.**

NOTE: Conditional Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Conditional Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

October 6, 2020

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - 20-173S
SIGN -
SPECIAL - NA
CONDITIONAL - NA
BOA -

BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 09212001-2020

Tax ID: 1876

Issued To: BRUCE A & ANN STREITZ
CHRISTENSEN

Location: LOT 2 CSM #938 IN V.6 P.159 Section 11
(LOCATED IN GOVT LOT 5 & NE SW) IN
V.1143 P.144

Township 44 N.

Range 09 W.

BARNES

Govt Lot 0

Lot

Block

Subdivision:

CSM# 938

For: Residential / Other / 53L x 39W x 35H, Porch 1: 11L x 5W x2H, Porch 2: 11L x 5W x2H, Porch 3: 19L x 13W x2H

Condition(s): Must contact local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit as required by State Statute.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Rob Schierman

Authorized Issuing Official

Fri Oct 09 2020

Date